

DOCUMENT RESUME

ED 268 424

CG 018 983

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TITLE Minority Families: Strengths of Four Ethnic Groups.
SPONS AGENCY Nebraska Univ., Lincoln. Research Council.
PUB DATE [Nov 85]
NOTE 25p.; Paper presented at the Annual Meeting of the National Council on Family Relations (Dallas, TX, November 4-8, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS American Indians; Blacks; *Cross Cultural Studies; *Ethnic Groups; *Family (Sociological Unit); *Marital Satisfaction; *Parent Attitudes; *Values; Whites
IDENTIFIERS Chicanos; Hmong

ABSTRACT

While healthy families and minority family systems are two areas of family research currently getting attention, little is known about what various ethnic families consider to be important traits of healthy families. To examine this issue and to assess family strengths and marital and parenting satisfaction for different ethnic samples, parents from four American ethnic groups (57 American Indians, 80 Hmong refugees, 105 Chicanos, 103 Blacks), and a white comparison group (N=210) were surveyed by questionnaire and by interview concerning those characteristics that promote a strong and healthy family. The results showed that the majority of parents across all ethnic groups considered a strong family to be one in which trust, support, and effective communication are present and in which a sense of right and wrong behavior are taught. Family members reported feeling responsibility for the welfare of each other, yet expressed respect for individuality and personal privacy. Strong families were reported to spend time together. Though not reported by the white parents, other ethnic parents valued financial security and respect for elders as additional sources of family strength. The parents also evaluated their own marital and parental satisfactions and their family strength. The white and Hmong parents reported the highest scores on all family measures, while the Indian parents had the lowest levels of family satisfaction. The interpretation of these results, however, is tentative because the validity of these family scales for ethnic parents has not been established. (NB)

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Minority Families: Strengths of Four Ethnic Groups*

ED268424

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CG 018983

Running Head: Minority Family Strengths

*Support for this project was received from the Research Council of the University of Nebraska-Lincoln. Data was collected from January to June 1985.

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Abstract

Over five hundred parents from four American ethnic groups, American Indian, Hmong refugees, Black, Chicano, and a white comparison group, were surveyed by questionnaire and by interview concerning those characteristics that promote a strong and healthy family. The majority of parents across all ethnic groups considered a strong family to be one in which trust, support, and effective communication are present. Moral principles of behavior are taught. Family members feel responsible for the welfare of each other, yet respect individuality and personal privacy. Strong families spend time together. Though not reported by the white parents, other ethnic parents valued financial security and respect for elders as additional sources of family strength. The parents also evaluated their own marital and parental satisfactions and their family strength. The white and Hmong parents reported the highest scores on all family measures, while the Indian parents had the lowest levels of family satisfaction. The interpretation of these results, however, is tentative because the validity of these family scales for ethnic parents has not been established.

Minority Families:
Strengths of Four Ethnic Groups

Learning more about the characteristics of healthy families (Curran, 1983; Stinnett, 1983), and understanding minority family systems (Hamner and Turner, 1985; Mindel and Habenstein, 1981; Queen et al., 1985; Staples and Mirande, 1980) are two areas of family research currently getting more attention and study. However, there is little extant research where these topical areas have been combined for the purpose of studying the strengths of minority families (Berardo, 1980).

Family strengths of ethnic groups have been observed and discussed by ethnic scholars (Redhorse et al., 1978; Rottmann and Meredith, 1982; Sena-Revera and Moore, 1985; Willie, 1981) and have been examined through research (Casas et al., 1984; Cromwell and Cromwell, 1978; Hill, 1972; McAdoo, 1978; Mirande, 1977, 1979; Sequin, 1980). However, we know little about what various ethnic families consider as important traits of healthy families. Also, the concept of family strength has seldom been formally operationalized or specifically measured or validated on ethnic populations. This study was designed to address these needs.

PURPOSES

The first purpose was to document the characteristics considered most important to healthy family functioning by parents of several different ethnic groups, and to compare the groups' choices with each other.

Assuming that the measures used were valid across ethnic groups, a second purpose was to assess the level of family strength and marital and parenting satisfaction for different ethnic samples. It was hoped that this evaluation would provide some insights into the family functioning of these groups.

METHOD

Subjects and Procedure

Questionnaires were returned by 555 parents: 210 white, 103 black, 105 Chicano, 80 Hmong, and 57 Indian. The majority of the sample was female (66%). The parents averaged 30 years of age with about 13 years of education. The only statistical differences were between the white parents ($M=14$ years) who had more formal schooling than the Indian sample ($M=11$ years). The entire sample had an average of 2.2 children per family, with differences only between the white sample ($M=1.8$ children) and the Hmong ($M=3.2$ children). There were significant differences on

income between the groups as expected. Average household income for the white families was \$25,000, \$20,000 for the black and Chicanos, \$15,000 for the Hmong, and Indian parents averaged \$10,000.

Subjects were recruited using several strategies. First, students from a large urban university were asked to complete questionnaires if they were parents and to find other married parents who would participate. Most of the white, black, and Chicano samples were obtained in this way. The Native American Indian sample was the most difficult to gather because so many of the urban Indian parents were divorced or separated. The majority of subjects were recruited from three Indian health and community service centers.

The Hmong parents were refugees who came from the highland mountains of Laos following the end of the Vietnam conflict and have lived in the U.S. for 5-10 years. Survey participants were recruited through the local Lao Hmong Association in two large midwestern cities where one of the authors had done previous research (Meredith, 1984; Meredith and Rowe, 1986). The associations distributed the surveys and helped those who needed translation assistance.

Follow-up interviews were done with a convenience sample of 10 parents from each ethnic group three months following the survey to help assess the validity of the family measures. These interviews were done by trained ethnic college students. The interviews lasted approximately 20 minutes and the parents were asked directly what characteristics or qualities they believe help build a strong family. They were then asked to evaluate the items on the Olson and Stinnett family strength scales concerning their relevance and importance as appropriate indicators of strong families.

Instruments

The questionnaire was composed of five measures. A description of each, with available validity and reliability information, follows.

Family Strengths Scale. The FSS was developed by Olson, et al., (1982), and is a 12-item measure of the amount of family pride, trust, loyalty, and competency in resolving problems. The responses were scaled from strongly agree to strongly disagree. Scores could range from 12 to 60, with the higher scores indicative of higher level of family strengths. The range of alpha reliabilities reported was .73 to .88, and test-retest reliabilities ranged from .73 to .79.

Family Strengths Inventory. The FSI was developed by Stinnett (1983), and consists of seven items, six of which are 5-point, Likert-type items, which rate the degree to which the family possesses qualities found to characterize strong families, such as spending time together, expressing appreciation, and dealing with crises in a positive manner. The seventh item, a summary question, asks respondents to rate the overall strength of their family on a scale from one to ten. Scores could range from 7 to 40, with a higher score indicative of a stronger family.

Marital Satisfaction Scale. The MSS is a subscale of Spanier's (1976) Dyadic Adjustment Scale, and has been found to have a correlation ranging from .75 to .86 with the overall scale (Abbott & Brody, 1985). The ten items attempt to measure positive and negative behaviors in the marriage and the overall degree of marital happiness using a 5-point Likert type format. Scores could range from 1 to 52.

Family Trait Checklist. This list of 56 traits of healthy families was devised by Curran (1983) and used in her interview study of professionals in education, religion, health, and family counseling. For this study, respondents were asked to check the 15 most important traits for healthy family functioning. Respondents were then asked to rank order the five most important traits.

Parenting Satisfaction Scale. Previous researchers have attempted to measure parent satisfaction but the concept has not been formally defined, nor has a scale with established validity or reliability been reported. Chilman (1983) used a four-item scale, Mullis and Mullis designed a 14-item scale, and Campbell et al., (1981) used a one-item measure. Building upon these past operationalizations, a 6-item scale was developed to measure one's perceived sense of well-being or degree of happiness with the parenting role, and the degree of positive evaluation with one's goodness and adequacy as a parent. High satisfaction results when the parent perceives more rewards than costs in parenting, and feels good about his or her parenting ability.

The scale was item and factor analyzed on a sample of several hundred parents (Meredith et al., 1984, 1985). The revised scale consisted of 5 items with a 9-point Likert-type format. The scale had an alpha reliability of .81, with item-total correlations ranging from .56 to .73. The instrument has shown a consistent positive correlation with the Dyadic Adjustment Scale ranging from .37 to .48. (Abbott et al., 1985). Scores could range from 5 to 54 with higher scores representing a higher degree of parent satisfaction.

RESULTS

Traits of Healthy Families

The Family Traits data were analyzed for each ethnic group by total frequency count and by frequency of a number 1 ranking (see Table 1). Four traits were selected as the most important characteristics for a strong and healthy family by all 5 groups: to be affirming and supportive, to communicate and listen well, to be trusting and trustworthy, and to teach a sense of right and wrong behavior. A fifth trait, teaching respect for others, was a top five selection by all groups except the Hmong, who valued family traditions as their fifth most important family trait.

In summarizing the next five most frequently selected traits, some commonalities were also noted. Respect for the privacy of family members was found to be important to all five groups. All the parents also felt that a strong family should spend time together, and feel a shared responsibility for family welfare.

Other top 10 traits were unique to specific ethnic groups. For example, a sense of humor, and having shared religious beliefs, were considered important traits of healthy families for the white parents. For the black parents, having a sense of humor was important, as was

being financially secure. Chicano parents felt that strong families needed both parents living at home, and that family members should show respect for elders. The Hmong felt it important to get a college education, to have a high income, to own their own homes, and to honor elders. Indian parents valued respect for elders, and owning their own home.

Table 1 about here

Group Comparisons on Family Satisfaction

The mean scores on all major family measures are found in Table 2. As a general trend across all measures, the white sample had the highest scores, followed closely by the Hmong. The Indian parents consistently scored lowest on all family measures. On the Olson Family Strengths Scale, white parents scored significantly higher than the black, Chicano, and Indian parents. Using Scheffe post hoc comparison tests and an alpha of .05, differences on this scale were mainly due to white parents scoring higher on item #1, expression of feelings within the family, #3, trusting and confiding in family members, and #7, being less critical of family members. White parents also scored higher on the Stinnett Family Strength Inventory, primarily due to item #2, commitment to family members, where white

parents scored significantly higher than the Chicano and Indian parents.

Table 2 about here

DISCUSSION

The limitations of this study will be acknowledged before the conclusions are presented. The nonprobability sample was relatively small--especially for the Indian sample--and encompassed only urban parents. Also, the sample for two-thirds female, and this may have influenced the results as mothers and fathers may perceive family life differently (Glenn, 1975).

Another important matter to consider is the validity of the family measures (marital and parent satisfaction and family strengths) for the ethnic samples. These scales were designed for, and standardized on, white, middle-class samples. This fact is especially important to note when comparing the mean group difference on the family measures. The higher scores by the white sample may not necessarily indicate more satisfaction by white parents on those family variables. The items comprising the scales may be less relevant or meaningful to parents of these ethnic groups. However, some effort was made to evaluate this problem by

doing the follow-up interviews.

In the interviews the majority of ethnic parents stated that the following were important characteristics of strong families: doing things together; communication, including the ability to listen empathetically and express feelings; working together for family welfare; being encouraging and supportive, understanding and trusting; and showing respect for others. Many of the black, Chicano, and Indian parents also thought that religion (beliefs, practices, and teaching of moral values) was helpful to building strong families. All of these traits were assessed in some way by the family strength scales. Also, when the parents were asked explicitly to evaluate each FSI and FSS item, the great majority of parents (82%) stated that all the items on the FSI and FSS were good or fair indicators of family strength.

However, financial security was the one characteristic mentioned in the interviews by many of the black, Chicano and Hmong parents (43%) as important to family strengths that was not assessed by either the Olson or Stinnett family strength scales.

There is additional support for the content validity of the family strength scales for the ethnic samples. Both the FSS and the FSI contain items that are conceptually

related to the traits of healthy families identified as most important by these ethnic parents. Both scales have measures related to communication, supportiveness, trust and commitment, and showing respect or appreciation for family members.

With these caveats in mind, and when considering the exploratory and descriptive nature of the study, some tentative conclusions are presented. The most striking finding of this study was the consensus among all five ethnic groups as to those traits that were considered most important to healthy family functioning. The intimate environment of a healthy family is one of trust, support, and effective communication. Strong families teach moral behavior and family members have a sense of right and wrong behavior. They feel responsible for each other, yet respect individuality and personal privacy. Strong families spend time together. These top traits agreed with the ranking done by Curren's (1983) sample of professionals.

When comparing the group scores on the family measures, it is interesting to note the closeness in scores between the white and Hmong parents. These groups were the highest scoring groups on all measures, and there was no significant difference between their scores on any of the scales. Also, for the white and the Hmong parents, marital

satisfaction was the most consistent predictor of family strength, possibly reflecting the finding by several researchers (Andrews and Whitney, 1976; Campbell et al., 1976; Glenn and Weaver, 1981), that many Americans depend heavily on their marriages when evaluating life satisfaction.

The traits of a healthy family identified by the Hmong also reflect the traditional white American values and goals of education, home ownership, and desire for a high income. It is possible that the Hmong, like other oriental minorities in America, have acculturated more quickly to mainstream white American society (Wong, 1976), or more likely, these values are inherent in their culture.

There were no meaningful differences on the family measures between the black and Chicano parents, but the Native American Indian parents reported the lowest overall levels of family satisfactions. Several reasons could account for the low scores for the Indian parents. The most obvious reason could be a small, biased sample.

Another reason for the lower family scores could be the family environment of the urban Indian. The Indian family often lives in poverty (Price, 1976). As a group, they have the lowest family income of any major ethnic group, earning less than \$10,000 per year. They have the

highest unemployment rate, with 60% of urban males out of work (Hamner and Turner, 1985). Native Americans have high fertility rates, and out of wedlock births. These facts combined with an above-average divorce and desertion rate leaves many large families with only a single parent (Unger, 1977).

Furthermore, there is often a physical separation of family members, some living on the reservation, and part of the family residing in an urban area, and nearly 20% of Indian children are living in boarding schools, foster homes or with relatives. The incidence of alcoholism and disease is above the national average. These centrifugal forces may weaken or destabilize the Native Indian family and thus decrease family strength and marital and parental satisfaction.

Our findings should be considered tentative as further study is needed using larger, more representative samples. Also, further validation of these family scales for particular ethnic groups may be needed. However, in sum, our data indicated that there is a consensus across ethnic groups as to those characteristics that contribute to healthy family functioning. Additionally, a strong marriage and parenting competence may also be important attributes of strong families.

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Table 1

Traits of Healthy Families
Frequency Responses by Ethnic Group

Family Trait	Ethnic Group				
	White N=210	Black N=103	Chicano N=105	Hmong N=80	Indian N=57
Communicates and listens	88% 185*	67% 69	86% 90	81% 65	60% 34
Trusting and trustworthy	87% 183	69% 71	88% 92	73% 58	51% 29
Is affirming and Supportive	86% 181	70% 72**	82% 86*	75% 60	81% 46**
Teaches a sense of right & wrong	85% 179	77% 79	78% 82	76% 62	61% 35
Teaches respect for others	73% 154	58% 60	85% 89	41% 33	74% 42
Shares leisure time	67% 141	41% 42	51% 53	41% 33	23% 13
Is responsible for family welfare	65% 137	52% 53	51% 53	43% 34	53% 30
Has a sense of play and humor	58% 121	55% 57	35% 27	18% 14	37% 21
Respects privacy of family members	57% 120	57% 59	72% 76	56% 45	39% 22
Shares religious beliefs	56% 117	30% 31	32% 34	15% 12	32% 18
Values family traditions	41% 87	38% 39	45% 47	73% 58*	35% 20

*Indicates trait that received the most first place votes for the white, Chicano, and Hmong parents.

**This trait tied with "being financially secure" for the most first place votes for black and Indian parents.

Table 2 Means of Major Independent Variables
by Ethnic Group

		Family Measure			
Ethnic Group		FSS	FSI	MSS	PSS
White	N=210	47.5 B,C,I*	35.0 C,I	36.7 B,I	38.9 C,H,I
Hmong	N=80	45.4	32.8 C,I	36.9 B,I	35.3
Black	N=103	44.5	31.0	27.4	37.6 I
Chicano	N=105	43.5	28.0	35.6 B,I	35.3
Indian	N=57	40.1	25.9	27.8	31.7

*The letters, W,B,C,H,I stand for the ethnic groups: white, black, Chicano, Hmong, and Indian. When a group mean is followed by any of these letters it indicates significant differences with that group at the .05 level using the Scheffe multiple range test.